ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-IM-HS-09-03 3. Originating Office: Office of	2. Issuance Date: 06/11/2009 Head Start
	Key Words: Certifying Eligibility for Enrollment in Head Start Programs - Revision	

INFORMATION MEMORANDUM

TO: Head Start and Early Head Start Grantees and Delegate Agencies

SUBJECT: Certifying Eligibility for Enrollment in Head Start Programs

INFORMATION: This Information Memorandum supersedes the provisions of ACF-IM-HS-09-01.

The requirements for establishing proof of eligibility for the enrollment of children in Head Start programs are documented in 45 CFR 1305.4(e). Each child's record must include a signed statement by an employee identifying those documents which were reviewed to determine eligibility. Presently there is no uniform document which the employee must sign.

The lack of uniformity in enrollment records, in the past, has lead to determinations that erroneous payments may have been made because of poor documentation.

Erroneous payment reviews are required by the Improper Payments Act and are conducted on site for each program receiving an annual or triennial review. In order to facilitate an efficient and accurate determination of eligibility, we ask that all programs use the attached template for determining eligibility and include the form in each child's record.

Use of this template cannot be required by the Office of Head Start without the review and approval of the Office of Management and Budget; however, OHS will request a review and if approved, will require that all children's records contain the form.

The Head Start Eligibility form has been updated. The child's date of entry was removed from the form. The current form is not required; however, grantees should ensure that any form currently in use contains all of the elements in the attached form.

/ Patricia E. Brown /

Patricia E. Brown Acting Director Office of Head Start

Head Start Eligibility Verification



1. Child's name:		
2. Child's date of birth:		
3. Check the applicable category of eligibility for this	child:	
☐ Income (check box that applies):		
Below federal poverty guideling	nes	
☐ Between 100-130% of federal (no more than 35% of enrolled	poverty guidelines d children may fall into this category)	
☐ Over- Income ☐ Counted as part of 10% maxim	num for non-AI/AN programs)	
☐ Counted as part of the 49% m	aximum for AI/AN programs)	
☐ Public assistance		
□ SSI		
☐ Homeless		
☐ Foster Care		
4. What documentation was used to determine eligibil	lity?	
☐ Income Tax Form 1040	☐ Written statements from employers	
□ W-2	☐ Foster care reimbursement	
☐ TANF documentation	☐ SSI documentation	
☐ Pay stub or pay envelopes	☐ Other	
☐ Unemployment	If Other, please explain:	
Documentation of no income:		
5. Staff signature:	Date of eligibility verification:	
6. Staff name:	Title:	